



FEDERAL HAZARDOUS WASTE SITE SITE INSPECTION REPORT

REGION	SITE NUMBER (to be assigned by HQ)
6	TX 3361

GENERAL INSTRUCTIONS: Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (Section II). File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

TXD 008076846

A. SITE NAME <u>Texaco Chemical Company</u>		B. STREET (or other identifier) <u>Old Asbestos landfill</u>	
C. CITY <u>Port Neches</u>	D. STATE <u>TX</u>	E. ZIP CODE <u>77651</u>	F. COUNTY NAME <u>Jefferson</u>
G. SITE OPERATOR INFORMATION			
1. NAME <u>Art W. Catanach Supervisor Environmental Control</u>		2. TELEPHONE NUMBER <u>409-724-4797</u>	
3. STREET <u>P.O. Box 874</u>	4. CITY <u>Port Neches</u>	5. STATE <u>TX</u>	6. ZIP CODE <u>77651</u>
H. REALTY OWNER INFORMATION (if different from operator of site)			
1. NAME <u>Texaco Chemical Company</u>		2. TELEPHONE NUMBER <u>409-722-8381</u>	
3. CITY <u>Port Neches</u>	4. STATE <u>TX</u>	5. ZIP CODE <u>77651</u>	
I. SITE DESCRIPTION <u>This landfill is a closed landfill which was used from the late 1950's to the late 1970's for the disposal of asbestos bearing materials. The area was closed by placing a clay cap over the landfill. The landfill is fenced and posted.</u>			
J. TYPE OF OWNERSHIP			
<input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE			

II. TENTATIVE DISPOSITION (complete this section last)

A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, & yr.)	B. APPARENT SERIOUSNESS OF PROBLEM		
	<input type="checkbox"/> 1. HIGH	<input type="checkbox"/> 2. MEDIUM	<input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE
C. PREPARER INFORMATION			
1. NAME <u>Michael E. Benner</u>	2. TELEPHONE NUMBER <u>214-742-6601</u>	3. DATE (mo., day, & yr.) <u>July 2, 1984</u>	

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION			
1. NAME <u>Michael E. Benner</u>		2. TITLE <u>FIT Geologist</u>	
3. ORGANIZATION <u>Ecology And Environment, Inc. 1509 Main Dallas, TX 75201</u>		4. TELEPHONE NO. (area code & no.) <u>214-742-6601</u>	
B. INSPECTION PARTICIPANTS			

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
Michael E. Benner	Ecology And Environment, Inc.	214-742-6601
Anthony Jenkins	Ecology And Environment, Inc.	214-742-6601

C. SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, residents)

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
Art W. Catanach	Supervisor Environmental Control 409-724-8797	Texaco Chemical Co. Port Neches Plant P.O. Box 847 Port Neches, TX 77651
Morris H. Clark	Senior Project Chemist 409-724-4800	Texaco Chemical Co. Port Neches, Plant P.O. Box 847 Port Neches, TX 77651

SUPERFUND
FILE

JAN 29 1993

REORGANIZED

II. INSPECTION INFORMATION (continued)**D. GENERATOR INFORMATION (sources of waste)**

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
Texaco Chemical	409-722-8381	P.O. Box 847 Port Neches, TX 77651	Asbestos bearing Materials

E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED
None			

F. IF WASTE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.

1. NAME	2. TELEPHONE NO.	3. ADDRESS
None		

G. DATE OF INSPECTION
(mo., day, & yr.)

5-9-84

H. TIME OF INSPECTION

1430-1500 hrs.

I. ACCESS GAINED BY: (credentials must be shown in all cases)☒ 1. PERMISSION☐ 2. WARRANT**J. WEATHER (describe)**

Sunny 74°F NE wind C 10 mph.

IV. SAMPLING INFORMATION**A. Mark 'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.**

1. SAMPLE TYPE	2. SAMPLE TAKEN (mark 'X')	3. SAMPLE SENT TO:	4. DATE RESULTS AVAILABLE
a. GROUNDWATER			
b. SURFACE WATER			
c. WASTE			
d. AIR			
e. RUNOFF			
f. SPILL			
g. SOIL			
h. VEGETATION			
i. OTHER (specify)	X	None taken during inspection	

B. FIELD MEASUREMENTS TAKEN (e.g., radioactivity, explosivity, PH, etc.)

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS
None		

IV. SAMPLING INFORMATION (continued)

C. PHOTOS

1. TYPE OF PHOTOS

☒ a. GROUND ☐ b. AERIAL

2. PHOTOS IN CUSTODY OF:

U.S. EPA Region VI (See attachments).

D. SITE MAPPED? See attachments

☒ YES. SPECIFY LOCATION OF MAPS:

E. COORDINATES

1. LATITUDE (deg.-min.-sec.)

29°57'44" N

2. LONGITUDE (deg.-min.-sec.)

95°56'04" W

V. SITE INFORMATION

A. SITE STATUS

☐ 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)

☒ 2. INACTIVE (Those sites which no longer receive wastes.)

☐ 3. OTHER (specify):
(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

B. IS GENERATOR ON SITE?

☐ 1. NO ☒ 2. YES (specify generator's four-digit SIC Code): 2911

C. AREA OF SITE (in acres)

8

D. ARE THERE BUILDINGS ON THE SITE?

☒ 1. NO ☐ 2. YES (specify):

VI. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

X	A. TRANSPORTER	X	B. STORER	X	C. TREATER	X	D. DISPOSER
	1. RAIL		1. PILE		1. FILTRATION	<input checked="" type="checkbox"/>	1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE		3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
	4. TRUCK		4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
	5. PIPELINE		5. TANK, BELOW GROUND		5. CHEM./PHYS./TREATMENT		5. MIDNIGHT DUMPING
	6. OTHER (specify):		6. OTHER (specify):		6. BIOLOGICAL TREATMENT		6. INCINERATION
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY		8. OTHER (specify):
					9. OTHER (specify):		

E. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed below, Supplemental Reports must be completed. Indicate which Supplemental Reports you have filled out and attached to this for..

☐ 1. STORAGE ☐ 2. INCINERATION ☒ 3. LANDFILL ☐ 4. SURFACE IMPOUNDMENT ☐ 5. DEEP WELL
☐ 6. CHEM/BIO/PHYS TREATMENT ☐ 7. LANDFARM ☐ 8. OPEN DUMP ☐ 9. TRANSPORTER ☐ 10. RECYCLOR/RECLAIMER

VII. WASTE RELATED INFORMATION

A. WASTE TYPE

☐ 1. LIQUID ☒ 2. SOLID ☐ 3. SLUDGE ☐ 4. GAS

B. WASTE CHARACTERISTICS

☐ 1. CORROSIVE ☐ 2. IGNITABLE ☐ 3. RADIOACTIVE ☐ 4. HIGHLY VOLATILE
☒ 5. TOXIC ☐ 6. REACTIVE ☐ 7. INERT ☐ 8. FLAMMABLE

☐ 9. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

No

WASTE RELATED INFORMATION (continued)

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE		b. OIL		c. SOLVENTS		d. CHEMICALS		e. SOLIDS		f. OTHER	
AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT	
None		None		None		None		652		None	
UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE	
								Tons			
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY, PHARMACEUT.						
(2) METALS SLUDGES	(2) OTHER(specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	X (2) ASBESTOS	(2) HOSPITAL						
(3) POTW		(3) OTHER(specify):	(3) CAUSTICS	(3) MILLING/MINE TAILINGS	(3) RADIOACTIVE						
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMELTING WASTES	(4) MUNICIPAL						
(5) OTHER(specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER(specify):						
			(6) CYANIDE	(6) OTHER(specify):							
			(7) PHENOLS								
			(8) HALOGENS								
			(9) PCB								
			(10) METALS								
			(11) OTHER(specify):								

D. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE (place in descending order of hazard)

1. SUBSTANCE	2. FORM (mark 'X')			3. TOXICITY (mark 'X')				4. CAS NUMBER	5. AMOUNT	6. UNIT
	a. SOLID	b. LIQ.	c. VAPOR	a. HIGH	b. MED.	c. LOW	d. NONE			
Asbestos	X							1132-21-4	Amount of actual asbestos is unknown	

VIII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

☐ A. HUMAN HEALTH HAZARDS

VIII. HAZARD DESCRIPTION (continued)

☐ **B. NON-WORKER INJURY/EXPOSURE**

☐ **C. WORKER INJURY/EXPOSURE**

☐ **D. CONTAMINATION OF WATER SUPPLY**

☐ **E. CONTAMINATION OF FOOD CHAIN**

☐ **F. CONTAMINATION OF GROUND WATER**

☐ **G. CONTAMINATION OF SURFACE WATER**

VIII. HAZARD DESCRIPTION (continued)

☐ H. DAMAGE TO FLORA/FAUNA☐ I. FISH KILL☐ J. CONTAMINATION OF AIR☐ K. NOTICEABLE ODORS☐ L. CONTAMINATION OF SOIL☐ M. PROPERTY DAMAGE

VIII. HAZARD DESCRIPTION (continued)

☐ N. FIRE OR EXPLOSION☐ O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID☐ P. SEWER, STORM DRAIN PROBLEMS☐ Q. EROSION PROBLEMS☐ R. INADEQUATE SECURITY☐ S. INCOMPATIBLE WASTES

VIII. HAZARD DESCRIPTION (continued)

☐ T. MIDNIGHT DUMPING☒ U. OTHER (specify):

Asbestos is insoluble thus no asbestos leachate will be produced. The site is clay capped with no evidence of erosion. Soils are fine and of low permeability so no particulate transplant within the groundwater is expected. No further FIT action is warranted.

IX. POPULATION DIRECTLY AFFECTED BY SITE

A. LOCATION OF POPULATION	B. APPROX. NO. OF PEOPLE AFFECTED	C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA	D. APPROX. NO. OF BUILDINGS AFFECTED	E. DISTANCE TO SITE (specify units)
1. IN RESIDENTIAL AREAS	300	300	80	½ mile
2. IN COMMERCIAL OR INDUSTRIAL AREAS	15	15	3	1 mile
3. IN PUBLICLY TRAVELLED AREAS	1000	1000	1000	1 mile
4. PUBLIC USE AREAS (parks, schools, etc.)	300	300	5	1½ mile

X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER (specify unit) 10 feet	B. DIRECTION OF FLOW Northeast	C. GROUNDWATER USE IN VICINITY None
D. POTENTIAL YIELD OF AQUIFER 50-100 gpm	E. DISTANCE TO DRINKING WATER SUPPLY (specify unit of measure) 10 miles	F. DIRECTION TO DRINKING WATER SUPPLY Northwest
G. TYPE OF DRINKING WATER SUPPLY		
<input type="checkbox"/> 1. NON-COMMUNITY < 15 CONNECTIONS*	<input checked="" type="checkbox"/> 2. COMMUNITY (specify town): <u>Lower Neches Valley Authority</u>	
<input checked="" type="checkbox"/> 3. SURFACE WATER	<input type="checkbox"/> 4. WELL	

X. WATER AND HYDROLOGICAL DATA (continued)

H. LIST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE

1. WELL	2. DEPTH (specify unit)	3. LOCATION (proximity to population/buildings)	4. NON-COM- MUNITY (mark 'X')	5. COMMUN- ITY (mark 'X')
None				

I. RECEIVING WATER

1. NAME

Neches River

☐ 2. SEWERS☒ 3. STREAMS/RIVERS☐ 4. LAKES/RESERVOIRS☐ 5. OTHER (specify):

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

Non contact recreation, propagation of fish and wildlife.

XI. SOIL AND VEGETATION DATA

LOCATION OF SITE IS IN:

☐ A. KNOWN FAULT ZONE☐ B. KARST ZONE☐ C. 100 YEAR FLOOD PLAIN☐ D. WETLAND☐ E. A REGULATED FLOODWAY☐ F. CRITICAL HABITAT☐ G. RECHARGE ZONE OR SOLE SOURCE AQUIFER

XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED

Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

'X'	A. C. VERBURDEN	'X'	B. BEDROCK (specify below)	'X'	C. OTHER (specify below)
X	1. SAND		Bedrock is several hundred feet below the ground surface		
X	2. CLAY				
X	3. GRAVEL				

XIII. SOIL PERMEABILITY

☐ A. UNKNOWN☐ B. VERY HIGH (100,000 to 1000 cm/sec.)☐ C. HIGH (1000 to 10 cm/sec.)☐ D. MODERATE (10 to .1 cm/sec.)☒ E. LOW (.1 to .001 cm/sec.)☐ F. VERY LOW (.001 to .00001 cm/sec.)

G. RECHARGE AREA

☐ 1. YES☒ 2. NO

3. COMMENTS:

H. DISCHARGE AREA

☒ 1. YES☐ 2. NO

3. COMMENTS:

The landfill is at the south edge of a marsh which is a groundwater discharge. The landfill itself is 10-15 ft. above the marsh elevation.

I. SLOPE

1. ESTIMATE % OF SLOPE

1%

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.

Clay vegetated slope to the north

J. OTHER GEOLOGICAL DATA

The site is within the consolidated coasted plain sediments which are hundreds of feet thick. Groundwater, although shallow, is brackish and is unfit for domestic and most non-domestic uses.

XIV. PERMIT INFORMATION

List all applicable permits held by the site and provide the related information.

A. PERMIT TYPE (e.g., RCRA, State, NPDES, etc.)	B. ISSUING AGENCY	C. PERMIT NUMBER	D. DATE ISSUED (mo., day, & yr.)	E. EXPIRATION DATE (mo., day, & yr.)	F. IN COMPLIANCE (mark 'X')		
					1. YES	2. NO	3. UN- KNOWN
None							

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS
☒ NONE ☐ YES (summarize in this space)

NOTE: Based on the information in Sections III through XV, fill out the Tentative Disposition (Section II) information on the first page of this form.

LANDFILLS SITE INSPECTION REPORT
(Supplemental Report)

INSTRUCTION
Answer and Explain
as Necessary.

1. EVIDENCE OF SITE INSTABILITY (Erosion, Settling, Sink Holes, etc)

☐ YES ☒ NO

2. EVIDENCE OF IMPROPER DISPOSAL OF BULK LIQUIDS, SEMI-SOLIDS AND SLUDGES INTO THE LANDFILL

☐ YES ☒ NO

3. CHECK RECORDS OF CELL LOCATION AND CONTENTS AND BENCHMARK

☐ YES ☒ NO None available

4. WASTES SURROUNDED BY SORBENT MATERIAL

☐ YES ☒ NO

5. DIVERSION STRUCTURES ARE EFFECTIVELY CONSTRUCTED AND PROPERLY MAINTAINED

☒ YES ☐ NO Clay cap

6. EVIDENCE OF PONDING OF WATER ON SITE

☐ YES ☒ NO

7. EVIDENCE OF IMPROPER/INADEQUATE DRAINING

☐ YES ☒ NO

8. ADEQUATE LEACHATE COLLECTION SYSTEM (If "Yes", specify Type)

☐ YES ☐ NO N/A

8a. SURFACE LEACHATE SPRING

☐ YES ☒ NO

9. RECORDS OF LEACHATE ANALYSIS

☐ YES ☒ NO

10. GAS MONITORING

☐ YES ☒ NO

11. GROUNDWATER MONITORING WELLS

☐ YES ☒ NO

12. ARTIFICIAL MEMBRANE LINER INSTALLED

☐ YES ☒ NO

13. SPECIFIC CONTAINMENT MEASURES (Clay Bottom, Sides, etc)

☒ YES ☐ NO clay top cover material

14. FIXATION (Stabilization) OF WASTE

☐ YES ☒ NO

15. ADEQUATE CLOSURE OF INACTIVE PORTION OF FACILITY

☒ YES ☐ NO

16. COVER (Type)

Local clay cover material with some vegetation

16a. THICKNESS

Unknown

16b. PERMEABILITY

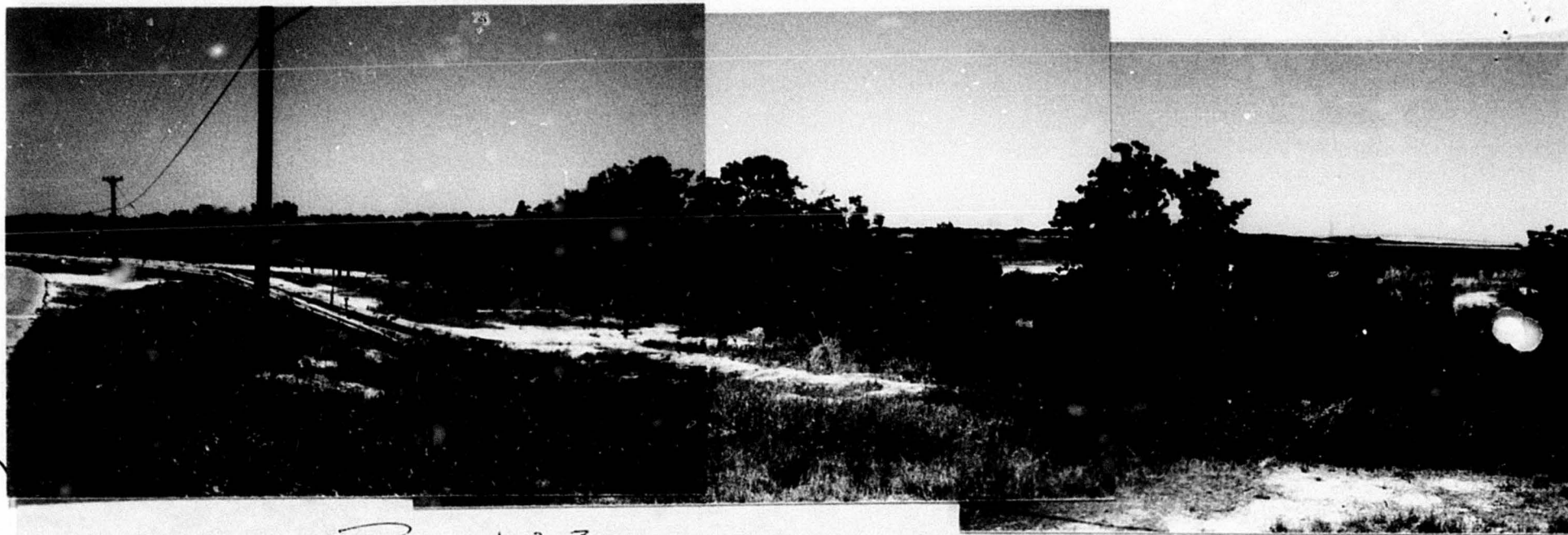
An order of 10^{-5} cm/sec.

16c. DAILY APPLICATION

☐ YES ☐ NO

N/A site closed





PHOTOS 1, 2, 3

Photographer / Witness

M. BENNETT / A. LEAKINS

Date / Time / Direction

05-09-84 / 1447-1448 / NORTH TO EAST

Comments:

PANORAMA ACROSS SITE

